| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 005019 | A. BUILDING: _____ B. WING _____ | 02/25/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GIBSON GENERAL HOSPITAL | 1808 SHERMAN DR PRINCETON, IN 47670 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| S 000 | INITIAL COMMENTS<br><br>This visit was for the investigation of one State hospital complaint.<br><br>Complaint Number: IN00120328<br>Substantiated: No deficiencies related to the allegations are cited.<br><br>Date of Survey: 2-25-13<br><br>Facility: 005019<br><br>Surveyor:<br>Billie Jo Fritch RN, MBA, MSN<br>Public Health Nurse Surveyor<br><br>Gibson General Hospital was found in compliance with State Rules 410 IAC 15-1.5-6, Nursing services.<br><br>QA: claughlin 04/23/13 | S 000 | | |